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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

First Named Inventor

Ronnie Brain

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named Inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MECHANICAL NUT AND STUD REMOVAL TOOL

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(If applicable).

Application Number

PCT/GB99/04137

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	NO
PCT/GB/04137	Great Britain	9 Dec. 1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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MX12 & MX1286 Jun 2001 09:52AM P3
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PTO/SB/16 (10-98)

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DECLARATION -- Utility or Design Patent Application

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Name: John A. Artz

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Country: U.S.A.

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Fax: (248) 223-8522

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed by me true, and further that these statements were made with the knowledge that such statements may be used against me and that they are made or will be made by me or my attorney, or both, under 35 U.S.C. 105 and that such would cause statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

 A petition has been filed for this unsigned inventorGiven Name: Ronnie
(First and middle (if any))Family Name: Brian
or Surname:Inventor's
Signature:

Date:

Residence City: West Yorkshire



Great Britain

Country: Great Britain

Mailing Address:
Old Station House, Green Row, Mexley

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City: West Yorkshire

ZIP: LS26 0ER

Country: Great Britain

NAME OF SECOND INVENTOR:

 A petition has been filed for this unsigned inventorGiven Name: David
(First and middle (if any))Family Name: Brian
or Surname:Inventor's
Signature:

Date:

Residence City: West Yorkshire



Great Britain

Country: Great Britain

Mailing Address: 14 Brock Street, Fyfield Village, Castleford

Mailing Address:

City: West Yorkshire

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Country: Great Britain

 Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/62A attached hereto.

(Page 2 of 2)

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PTO/SB/81 (10-00)

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Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Ronnie Brain, et al
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

Practitioners at Customer Number

OR

Practitioner(s) named below:

Name	Registration Number
John A. Artz	25,824

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Ronnie Brain

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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HKL & HKL

06 Jun. 2001 09:53AM P4

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PTO/FB-1 (10-98)

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Applicant Number	Unassigned
Filing Date	Herewith
First Named Inventor	Ronnie Brain, et al
Group Art Unit	
Examiner Name	
Attorney/Customer Number	

I hereby appoint:

- Practitioner at Customer Number → **Print Customer Number/Bar Code Label Here**
- Practitioner(s) named below:

Name	Registration Number
John A. Arb	2113

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

- Attorney/Practitioner.

- Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/08).

SIGNATURE of Attorney or Assignee of Record

Name	David Brain
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. Submit multiple forms if more than one signature is required. See below.

This is a joint application.

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